Adirondack Health Institute

Lead Empower Innovate

POLICY AND PROCEDURE

Title: Health Home Serving Children and C-YES Transfer and Referral Policy

Department: Health Home

Intended Population: Health Home Serving Children

Effective Date: 2/1/2021

Date Revised: 7/1/2021; 10/1/2022; 10/1/2023; 12/1/2024

DOH Policy: CW0007

Purpose of Policy

The purpose of this policy is to establish a transfer process for Children and Youth Evaluation Services (C-YES) to refer Children/Youth who are enrolled in the Children's Waiver and choose to receive comprehensive Health Home care management. The policy also establishes procedures for conducting a transfer from Health Home Serving Children (HHSC) to C-YES for children/youth who opt-out of Health Home care management but choose to continue receiving Home and Community Based Services (HCBS) through enrollment in the Children's Waiver.

Scope

1. This policy must be distributed to all AHI Health Home Program staff and all subcontracting Health Home Service Providers.
2. All recipients of this policy must acknowledge their receipt and understanding of the policy by referring any questions, problems, or compliance issues with the policy within ten days of the issue date to the AHI's Health Home Assistant Director.

3. All questions regarding this policy or its implementation may be directed to the Assistant Director of Health Home and Care Management.

Statement of Policy

AHI shall develop, disseminate, and review at least annually, a Health Home Serving Children and CYES Transfer and Referral Policy that addresses purpose, scope, roles and responsibilities, management commitment, coordination among organization entities, and compliance. AHI shall formalize documented procedures to facilitate the implementation of the Health Home Serving Children and CYES Transfer and Referral Policy.

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Definitions

AHI HH: AHI Health Home, a designated lead Health Home by the New York State Department of Health

Child: A person age 21 or younger who is not on AOT (Assisted Outpatient Treatment).

Health Home Network Partners: The group of medical, behavioral, social services, and other community-based organizations by which a Health Home Participant receives services to address needs identified in the comprehensive care management plan developed by the Health Home Participant's AHI Health Home Services Provider.

Health Home Participant: A Health Home Candidate who is participating in the AHI Health Home and is assigned to an AHI Health Home Services Provider for care management.

Health Home Service Provider: An organization that has a fully executed contract (the "Health Home Services Provider Agreement") with the Adirondack Health Institute to provide health home outreach and/or care management services.

Care Management Record System: A structured information system, maintained by the Adirondack Health Institute Health Home (AHIHH), and made available for Health Home Service Providers and Health Home Network Partners to utilize, as applicable and appropriate to their role in the Health Home.

Children and Youth Evaluation Service (C-YES): C-YES is the State-designated Independent Entity which conducts HCBS/Level of Care (LOC) eligibility determinations and provides Medicaid application assistance for children who are eligible for HCBS not yet enrolled in Medicaid. C-YES also develops an HCBS Plan Of Care, refers eligible children for HCBS, and monitors access to care for children who opt out of Health Home care management.

Family: Within this document the term "family" is used and defined as the primary caregiving unit inclusive of the wide diversity of primary caregiving units in our society. Family is a birth, foster, adoptive or self-created unit of people residing together, with significant attachment to the individual, consisting of adult(s) and/or child(ren), with adult(s) performing duties of parenthood/caregiving for the child(ren) even if the individual is living outside of the home.

Home and Community Based Services (HCBS)/Level of Care (LOC) Eligibility Determination: A tiered assessment where multiple factors must be met for child's HCBS/LOC eligibility to be determined. To access Children's HCBS, a child must meet target population, risk factors, and functional criteria as described in the Children's Waiver. The HCBS/LOC Eligibility Determination is housed within the Uniform Assessment System (UAS).

Workforce member: Employees, board members, volunteers, interns, independent contractors, vendors, and other persons whose conduct, in the performance of work for a covered entity, is under the direct control of such entity, whether or not they are paid by the covered entity. This includes full and part time

employees, affiliates, associates, volunteers, and staff from third party entities who provide service to the covered entity.

Background

The Health Home Serving Children and CYES Transfer and Referral Policy at AHI is intended to facilitate the effective implementation of the processes necessary to meet the Health Home Program standards and requirements as stipulated by the NYS DOH, federal regulations, and best practices. This policy directs that AHI meet these requirements.

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The Children's Waiver participants must receive care management services as part of waiver services. Children's Waiver participants are eligible for Health Home Serving Children (HHSC). If the child/family elects to receive care management from a Health Home (HH), the Health Home Care Manager (HHCM) determines a child/youth's eligibility for HCBS waiver participation by conducting the HCBS/Level of Care (LOC) Eligibility Determination. If the child/youth is found HCBS eligible, the HHCM conducts person-centered care planning to develops a comprehensive Plan of Care (POC) and ensures the POC supports the child/youth's functional development within the community.

For children/youth who opt out of HH, the State's Independent Entity (IE), C-YES, conducts the HCBS/Level of Care (LOC) Eligibility Determination to determine a child/youth's eligibility for HCBS waiver participation and develops a person-centered POC for HCBS only. C-YES maintains the POC for HCBS eligible waiver children/youth in fee-for-service (FFS) Medicaid. For waiver enrolled children/youth who opt-out of HH and are enrolled in a Medicaid Managed Care Plan (MMCP), the MMCP provides care management and maintains the POC; C-YES coordinates at least quarterly with MMCP regarding the child/youth's HCBS POC.

Additionally, C-YES will work with children/youth and their families who are not currently Medicaid enrolled when they need or request HCBS. For children/youth who are not already enrolled in Medicaid, C-YES will conduct the HCBS/LOC Eligibility Determination and will assist the child/family with their Medicaid application. Once enrolled in Medicaid, the child/youth has a choice to transfer to HH care management or stay with C-YES for HCBS only care coordination.

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C-YES Steps to HCBS and Medicaid Eligibility:

C-YES serves child/youth:

- who are enrolled in Medicaid and opt-out of Health Home/comprehensive care management **or**
- who are not already enrolled in Medicaid and identified by a referral source (i.e., parent/doctor/school/service provider) as potentially needing HCBS.

1. In either circumstance, C-YES will educate the child/youth/family about HH care management, C-YES care coordination, and HCBS eligibility and services. For child/youth already enrolled in Medicaid, the child/youth/family may choose if they would like to proceed with the HCBS/LOC eligibility process with C-YES or be connected to a HH to be enrolled so the HH care manager can conduct the HCBS/LOC eligibility determination.
2. C-YES will work with the child/family to complete the HCBS/LOC Eligibility Determination and, if determined HCBS eligible and the child/youth/family want to proceed, then C-YES will assist the family with the process of applying for Medicaid.
3. Once the child/youth's Medicaid has been established, and they have a slot in the Children's Waiver, C-YES will educate the child/youth/family about HH care management, C-YES, and HCBS eligibility and services, so the child/youth/family may make an informed choice on how they would like to proceed.
4. C-YES will make an appropriate referral to a Lead HHSC/CMA as chosen by the family. If the child/family does not want to be referred to a HHSC/CMA, then C-YES will provide HCBS only care coordination.
5. For a child/family who has opted-out of HH, at any time the child/family can reverse their initial decision, and the child/youth/family may request a referral to HH.

Transfer / Referral Process:

C-YES to HHSC/CMA

Types of referrals from C-YES to HH/CMA:

1. Referral to C-YES and the Child/Youth already has Medicaid

C-YES educates the child/youth/family about HCBS, C-YES, and HH. At any time, the child/youth/family can determine that they want to transfer to HH care management services. C-YES staff will complete the "Transfer Referral Form for C-YES, Health Homes, and Care Management Agencies" to indicate to the HH or care management agency. C-YES must obtain consent to transfer any Personal Health Information (PHI) and relevant information as outlined in the "Transfer Referral Form for C-YES, Health Homes, and Care Management Agencies" and obtain the participant's signature on the C-YES "Opt-in to Health Home form".

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***Please note**: If the child/youth/family was referred to C-YES and determines they want to transfer to HH/CMA prior to the HCBS/LOC being completed or other information being obtained, then C-YES would only need to complete the "Transfer Referral Form for C-YES, Health Homes, and Care Management Agencies" and not the "Opt-in to Health Home form" as they would not have enough information to complete this form nor could the HH/CMA immediately enroll the child/youth in the HH program. The HH/CMA should consider this as a new member referral. *C-Yes may take verbal consent to refer the consumer to HH in this type of scenario.*

2. Referral to C-YES and the child/youth does not already have Medicaid

C-YES will follow their process as outlined above. Once C-YES has secured Medicaid enrollment for the child/youth who are eligible for HCBS and if the child/youth/family chooses HH/CMA, then C-YES will complete the "Transfer Referral Form for C-YES, Health Homes, and Care Management Agencies" and "Opt-in to Health Home form". The "Transfer Referral Form for C-YES, Health Homes, and Care Management Agencies" must be completed in full, including required supporting documentation as outlined.

NOTE: The Lead Health Home and the CMA will work together to accept the referral from C-YES; including the required documentation for the Health Home chart. Once the Health Home Opt-in form is received the member should be placed in an enrollment segment if possible; the CMA should immediately enroll the youth and avoid an Outreach Segment. Once a member has a completed Opt-in form from C-YES the member must be enrolled in Health Home in a timely manner.

Steps:

It is imperative that all information necessary for the HH/CMA to serve the child/youth/family is given at the time of transfer with the "Transfer Referral Form for C-YES, Health Homes, and Care Management Agencies" .

a. Review and Acceptance Period: The lead HH/CMA will receive, review, and respond to the referral no more than three (3) business days with the details of the identified CMA/CM that will be assigned to the case.
b. Communication between C-YES and HH/CMA: There must be communication between C-YES and the HH/CMA to discuss the case, ensure all the documents have been exchanged, and discuss setting a date and time for a warm hand off call with the child/youth/family
c. Warm Hand off call: C-YES must attempt to schedule a three-way warm hand off call with the HH/CMA and the family to introduce the new entity/care manager and explain the next steps to the family. The family can choose to refuse the warm hand off transfer call, but C-YES must document it in the child/youth's case record that the benefits of this call were explained, and the family refused. The HHCM must have a documented conversation with the member and family to reinforce the differences between CYES and Health Home.

d. Date of Transfer: C-YES and HH/CMA will officially determine the date on which the HH/CMA will assume the case. This period of time of transfer acceptance should be no longer than 3 weeks from the time of Review and Acceptance Period (letter "a" above) determination for the transfer.
    i. HH/CMA can enroll the child/youth based upon the HCBS eligibility and the signed Opted-in form as consent by the child/youth/family agreement to be enrolled.
    ii. HHCMs who are accepting a transfer from C-YES, must enroll the child/youth in MAPP within this timeframe so the Restriction Exception (R/RE) A-codes are on the members file and C-YES can close their case.

HHSC/CMA to C-YES

Types of Referrals from HH/CMA to C-YES:

1. Referral to HH/CMA and the child/youth does not have Medicaid

HH/CMA educates the child/youth/family about HCBS, C-YES, and HH. The child/youth/family can determine that they want to transfer to C-YES to receive an HCBS/LOC Eligibility Determination and assistance with obtaining Medicaid. The HH/CMA links the child/youth/family and/or referring provider to the C-YES referral form and contact information. More information can be found in the C-YES Referral Form Instructions.

**The HH/CMA can request or have the child/youth/family request, if they choose, to be referred back to the HH/CMA once the child/youth is found HCBS/LOC eligible and has Medicaid.*

2. Referral to HH/CMA for the purpose of receiving HCBS and the child/youth does have Medicaid

For children/youth who are not enrolled in HH but do have active Medicaid, they may be referred to HH for the purpose of determining HCBS eligibility. HH/CMA educates the child/youth/family about HCBS and HH. The child/youth/family determines that they want to transfer to C-YES to receive an HCBS/LOC Eligibility Determination and care coordination of HCBS. The HH/CMA links the child/youth/family and or referring provider to the C-YES referral form and contact information. More information can be found in the C-YES Referral Form Instructions.

3. Child/Family is currently receiving HCBS and HH care management

At any time, the child/youth/family can determine that they want to opt-out of HH care management services and be transferred to C-YES. It is necessary to ensure the child/youth/family are properly educated about the difference of C-YES and HH to ensure that the child/youth/family obtain the appropriate level of care coordination and are not passed back and forth between HH and C-YES, as a delay or loss of services could occur.

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The HH/CMA will complete the "Transfer Referral Form for C-YES, Health Homes, and Care Management Agencies" to indicate to C-YES where in the process / service the child/youth/family were, so that C-YES is aware. HH/CMA must obtain consent to transfer any PHI and relevant information as outlined in the "Transfer Referral Form for C-YES, Health Homes, and Care Management Agencies" and that the form is completed in full, including the required supporting documentation as outlined.

Steps:

It is imperative that all information necessary for C-YES to serve the child/youth/family is given at the time of transfer with the "Transfer Referral Form for C-YES, Health Homes, and Care Management Agencies" via secure email or secure file transfer in HCS.

a. Review and Acceptance Period: C-YES will receive, review, and respond to the referral no more than three (3) business days with the details of the identified Family Service Coordinator (FSC) that will be assigned to the case.
b. Communication between HH/CMA and C-YES: There must be communication between the HH/CMA and C-YES to discuss the case, ensure all the documents have been sent, and discuss setting a date and time for a warm hand off call with the child/youth/family
c. Warm Hand off call; the HH/CMA must attempt to schedule a three-way warm hand off call with the family and C-YES to introduce the new entity/care manager and explain the next steps to the family. The family can choose to refuse the warm hand off transfer call, but it must be documented in the child/youth's case record that the benefits of this call was explained, and the family refused.
d. Date of Transfer; the HH/CMA and C-YES will officially determine the date on which C-YES will assume the case. This period of time of transfer acceptance should be no longer than 3 weeks from the time of Review and Acceptance Period (letter "a" above) determination for the transfer.

Care Management Requirements

- Children/youth who meet the Children's Waiver HCBS eligibility criteria due to Medicaid Family of One budgeting and receive HH care management as their required monthly HCBS, may not transfer to C-YES. Please refer to the Children's HCBS Manual for additional information on care management requirements and Family of One budgeting.
- HCBS enrolled children/youth receiving HH care management who lose or may lose their Medicaid should not be referred to C-YES for assistance with re-establishing Medicaid. It is the responsibility of the HHCM to assist in restoring active Medicaid status, if possible and when possible by working with the Local Department of Social Services (LDSS) or calling Enrollment

Assistant Services (EASE) at 1-866-872-3740. In addition to ensuring the Restriction Exception (R/RE) K-codes are in place, HHCMs can share a print-out of the UAS HCBS/LOC eligibility if this will assist/verify for the LDSS that the child/youth is in the Children's Waiver.

- Children/youth who are receiving only HH care management services and are requesting Children's Waiver HCBS, must not be transferred to C-YES. The HHCM must conduct the HCBS/LOC Eligibility Determination to determine if the child/youth is HCBS eligible. Once eligibility is determined, if the child/youth/family choose to go to C-YES for HCBS care coordination, then the HHCM can conduct the transfer at this time.

Requirements for Transfer

- The HCBS/LOC Eligibility Determination must be current and valid at the time of transfer. If the HCBS/LOC will expire in the next 30-days, the transferring entity should complete the HCBS/LOC re-assessment prior to transfer as that entity should have the most up-to-date information.
- The HCBS/LOC Eligibility Determination is active for 364 days, so at the time of transfer a new HCBS/LOC is not necessary to be completed by the receiving entity.
- Verification of proper recipient Restriction Exception (R/RE): K-codes must be active on the child/youth's file prior to transfer.
- All involved providers and care team members must be notified of the transfer of care management services and continued HCBS eligibility, especially HCBS providers and MMCPs, if applicable.
- POC and outstanding referrals to HCBS providers MUST be provided as outlined in the transfer form.
- The transferring entity must receive consent from the child/youth/family to transfer information to the other entity
- Clinical documentation from a third party may need a re-release to be shared

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Quality and Performance Improvement

AHI Health Home will review a selection of cases from each HHSP's member attributions that have had a member with a K Code in e-paces. Each case will be assessed for completeness and adherence to the Health Home Policy. Any record found to not have adequate documentation in the member's Electronic Care Management Record is expected to review this policy with their direct supervisor to ensure future adherence and void all billing claims made in error.

Training

This policy will be disseminated for review and questions before a policy training is given. If more time is needed outside of the initial policy training, a future in-depth training will be developed and/or identified for Health Home Care Managers to gain an understanding of the Children's HCBS and Waiver workflow.

Contact Person: Assistant Director, Health Home

Responsible Person: Health Home Service Provider

Reviewed By: Director, Care Management and Health Home
Approved By: Chief Compliance Officer